

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20119

STATE FILE NUMBER

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **648**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 01/00		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospt. life		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route 5, Sparta Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Karnath Last Fulton			4. DATE OF DEATH Month June Day 9 Year 1957		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1913 43	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Joseph G. Fulton			
14. MOTHER'S MAIDEN NAME Christine Karnath		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 495-26-0718		17. INFORMANT Address Emma Bell Fulton Rt. 5 St. Joseph			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, Burns, Electric, general. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 46					INTERVAL BETWEEN ONSET AND DEATH 4 hours
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Came in contact, indirect, 2 high voltage			
20c. TIME OF INJURY Hour 1 p. m. 6 Month, Day, Year 9/57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) FARM.			
20e. CITY, TOWN, OR LOCATION Ada, Okla.		20f. COUNTY Ada		20g. STATE Mo	
21. I attended the deceased from 6/9/57 to 6/9/57 and last saw him alive on 6/9/57 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John J. Armstrong (Degree or title)		22b. ADDRESS 420 N. 828th Ave. Mo.		22c. DATE SIGNED 6/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 12, 57		23c. NAME OF CEMETERY OR CREMATORY Armstrong Cem.	
23d. LOCATION (City, town, or county) Rushville, Mo.		(State)			
24. FUNERAL DIRECTOR Clark Funeral Home		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 14, 1957	
26. REGISTRAR'S SIGNATURE Eather M. Allison					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 423

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.